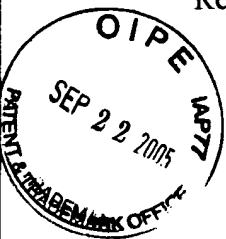


Appl. No. 10/751,579
Amdt. dated September 19, 2005
Reply to Office Action mailed August 18, 2005



Atty. Docket: 2517 DIV2 CON
(203-3449 DIV2 CON)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Kayan et al.

EXAMINER: Jackson, Gary

SERIAL NO.: 10/751,579

GROUP UNIT: 3731

FILED: January 5, 2004

DATED: September 19, 2005

FOR: METHOD FOR BLOOD VESSEL CLIP APPLICATION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL

Sir:

In response to the Office Action mailed on August 18, 2005, please amend the above-identified application as follows:


Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 19, 2005.

Dated: September 19, 2005


Maureen Bitz



PATENT

Attorney Docket: 2517 DIV2CON
(203-3449 DIV2CON)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE OR	ADDIT. RATE FEE
TOTAL	6 MINUS 20	= 0	X 25 \$	X 50	\$ 0.00
INDEP.	1 MINUS 3	= 0	X 100 \$	X 200	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 180 \$	X 360	\$ 0.00
			TOTAL	OR TOTAL	\$ 0.00
			ADDIT. FEE		\$ 0.00

No additional fee is required.

- * If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Amendment, Commissioner for Patents, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on September 19, 2005.

Dated: September 19, 2005

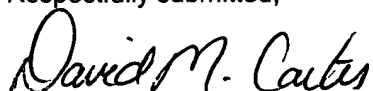
Maureen E. Bitz

[] Please charge Deposit Account No. 21-0550 in the amount of \$_____. Two (2) copies of this sheet are enclosed.

[] A check in the amount of \$_____ is enclosed.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No.21-0550 Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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